

MFP ASSISTED LIVING SELECTION FORM

Participant Name (Last, First, M.I.):	DOB: __/__/__ Age: __
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MFP participant portion to fill out

Is an Assisted Living your preferred housing choice? ☐ yes ☐ no

If yes, which assisted living facility will you move into?

Name of facility: _____

In the future would you be interested in moving out of the Assisted Living into a home or apartment setting? ☐ yes ☐ no

If "yes", would you like help applying for subsidized housing? ☐ yes ☐ no

Some assisted living facilities may be affected by changes in Federal regulations related to home and community characteristics. Those changes may mean that at some time in the future you may have to move from the assisted living facility to a new placement. At this time do you still want to move into this assisted living facility? ☐ yes ☐ no

By signing below, I verify my decision to move into an assisted living facility.

Participant Signature: _____

Regional Transition Coordinator portion to fill out

Did you inform the MFP Participant of their housing options? ☐ yes ☐ no

If the participant chooses to move to an assisted living facility, please respond to the following questions:

Does the assisted living facility meet MFP qualified housing criteria? (See "MFP Qualified Housing Checklist") ☐ yes ☐ no

Did you inform the participant of the possibility of a future move if the assisted living does not meet the new Federal HCBS settings rule? ☐ yes ☐ no

If the participant indicates an interest in moving from the assisted living facility into a home or apartment, have applications been completed? ☐ yes ☐ no

Regional Transition Coordinator Signature: _____

